



National Alliance on Mental Illness

POSITION PAPER

EXECUTIVE SUMMARY

On August 8, 2006 the National Alliance on Mental Illness, NAMI, Cleveland County approved this paper for improving the quality of mental healthcare in Oklahoma. This position established ten issues which currently have an important negative impact on mental healthcare and are most in need of improvement. The Committee Chairman for the Board in this effort is Ken Zorger. Comments will be gratefully accepted at mycomputer@prodigy.net.

Statement of Purpose

NAMI-Cleveland County is an advocate for change which assists in positive outcomes for the treatment of mental illness. Our purpose here is to provide information from the point of view of families, guardians and caregivers of Mental Healthcare System consumers. This is intended to assist the Oklahoma Department of Mental Health and Substance Abuse Services during the current effort to modernize and organizationally redesign the existing Mental Healthcare system.

Issues for Improving Mental Healthcare

The impetus for including an issue in this proposal is personal observations and experiences while working to obtain services for family and friends. It is recognized that some detrimental conditions are the product of laws and policies at higher levels of government or of inadequate funding levels. It is our opinion that as a part of the current Transformation Initiative these problems should be highlighted, specific change proposals formulated and petitions for change presentations made to responsible entities. In addition these petitions for change should be updated and accomplished annually until change has been completed.

Issues Identified for Improvement

1. Facility Requirements for persons with Serious Mental Illness (SMI)
2. Community Based Mental Health Centers
3. Privacy
4. Housing
5. Referrals
6. Supplemental Security Income (SSI)
7. Staffing for Inpatient and Outpatient Care
8. Clubhouses
9. Organizational Representative Payees
10. Criminal Justice.

Major Drivers for Implementation of Identified Issues

Funding Increase and Policy Change

1. Facility Requirements for persons with Serious Mental Illness (SMI)
4. Housing
10. Criminal Justice

Funding Increase

2. Community Based Mental Health Centers
7. Staffing for Inpatient and Outpatient Care

Policy Change

3. Privacy
5. Referrals
6. Supplemental Security Income (SSI)

Policy Expansion

8. Clubhouses
9. Organizational Representative Payees

Defining the Issues

Current Problem – Describe the current problem and conditions.

Review for Improvement – List items and factors that can improve the current problem.

Advantages - Describe the positive results if review items are successfully implemented.

THE ISSUES

1. Facility Requirements for persons with Serious Mental Illness (SMI)

Current Problem – The established inpatient admission criteria are not meeting the medical needs of consumers. These criteria deny many people medically appropriate admission and treatment. Untreated, their illness progresses until many severely ill consumers have problems with law enforcement officials. These admission criteria are a major contributing factor to the problems of homelessness and overcrowding of Oklahoma jails and prisons. Today mental healthcare has progressed so that many people are able to function without the need for continuous inpatient care. At the same time there remain large numbers who require periodic stabilization as an inpatient. As inpatient bed space has disappeared, it has become apparent that inpatient care continues to be a need of modern consumer treatment and recovery.

Review for Improvement –

- a. Changes to the current admission criteria, a risk to self or others, to allow for early treatment of persons who are determined to be decompensated or when in the judgment of the consumer's physician it is needed.
- b. Expand inpatient bed space and staffing to accommodate the need as demonstrated by current community demand for service.
- c. Request changes or waivers to public law so that the Institution for Mental Diseases (IMD) exclusion is eliminated.
- d. Access to all generations of pharmaceuticals.

Advantages – Early intervention in the progression of mental disease means that consumers can be stabilized faster making more efficient use of the inpatient resources, reducing total cost per consumer. In addition to more effective use of resources, the probability of a good recovery dramatically increases. New cases can be more efficiently handled by earlier intervention with inpatient care. This earlier treatment will result in less homelessness and crowding of our jails and prisons. We believe the best solution requires dramatic increases in our inpatient bed space.

2. Community Based Mental Health Centers

Current Problem – The private not for profit and state funded Community Mental Health Centers (CMHCs) consistently report no growth funding for core services for several years.

Review for Improvement –

- a. Budget neutral funding for several years has resulted in high “case loads” that do not allow for comprehensive community based services.

- b. Oklahoma Medicaid behavioral health reimbursement rates remain inadequate for the cost of the service provided.
- c. State funding levels and Medicaid behavioral health reimbursement rates do not provide sufficient funding to CMHCs for reimbursement for individual psychotherapy for trauma victims and other psychiatric disorders.
- d. Pharmacy and psychiatric medication funding levels have also been budget neutral for several years resulting in significant budget stress or shortfalls for the CMHCs. While funding levels have remained virtually unchanged, it is estimated that the wholesale cost of psychiatric medications have increased by approximately seven (7) percent annually for the past five (5) years.
- e. Federal Mental Health Block Grant Funding reductions will continue beyond 2006 in stark contrast to the President's New Freedom Commission recommendations regarding funding for community based services.

Advantages – By adequately funding core community based mental health services, more persons will be served and those served will have access to all the best practices in contemporary behavioral health and the most effective medications. Adequate funding will allow for improved engagement and retention in services for persons served and enhanced outreach services for individuals who experience difficulty in engaging in services. Increasing funding levels for community based core services will result in improvement of more serious problems and suffering for persons served. Such improvement in funding will result in reducing the overall cost of providing services by preventing utilization of more expensive and higher levels of psychiatric care.

Note: Core services include Crisis Intervention, Medication and Psychiatric Services, Case Management Services, Evaluation and Treatment Planning, Counseling Services and Psychosocial Rehabilitation Model Day Services. Comprehensive Community based services include employment, housing, educational, other medical, dental and other support enabling consumers to function in the community.

3. Privacy

Current Problem – Currently when consumers most need the support of family and friends they are separated by privacy laws. The consumer loses the advantage of help from his or her family when the consumer is least able to make rational decisions in his or her own best interest.

Review for Improvement -

- a. Make Durable Powers of Attorney operative.
- b. Make Mental Health Advance Directives operative.
- c. Revocability.
- d. Assist families with emergency / permanent guardianship requests.

Advantages – Consumers of mental healthcare should have the same advantages as patients of any other medical specialty. Durable Powers of Attorney and Mental Health Advance Directives executed when the consumer is in a good state of recovery should remain in force when the consumer becomes incapacitated by their mental disease. Consumers should not have the authority to revoke these documents while incapacitated. This gives the consumer and family confidence that the proper care is being administered. Since family and friends are usually the first to notice a worsening of mental health condition, these improvements can aid in earlier intervention and treatment.

4. Housing

Current Problem – Shortage of available housing results in homelessness. Equal access to housing is not currently available for individual consumers. By any modern measure much of the available housing is substandard.

Review for Improvement -

- a. Expansion of the McKenzie Gardens housing model to include graduated Housing Modules. For example there might be 3 Modules. The first requiring more extensive Healthcare Staff supervision than the third. With the modular concept all consumers should have an appropriate level of housing service available. These levels of service vary from an inpatient residence to residences with relatively little staff supervision.
- b. Define a level of recovery appropriate for access to each housing Module. Healthcare Staff should be able to determine if a consumer is stabilized to a sufficient degree to justify access to housing beyond inpatient care. This staff determination should override the current policy of withholding access because of consumer's legal and credit history.
- c. Implement uniform and decent housing standards for all residential facilities.

Advantages – Fair and equal access for each consumer. Provide a model to work towards ending homelessness and substandard housing among consumers.

5. Referrals

Current Problem – Continuity of care can be lost as the consumer moves between outpatient care, the Program of Assertive Community Treatment (PACT) care and inpatient care. Many times medical history is not readily available. Continuity of drug therapy is easily lost. Lack of familiarity with the consumer makes it hard to consult with other medical specialties that may be involved with the consumer. Finally all this confusion and change can cause a loss of confidence by the consumer.

Review for Improvement -

- a. Inpatient follow-up by the primary care psychiatrist.
- b. Outpatient follow-up by the primary care psychiatrist.
- c. PACT follow-up by the primary care psychiatrist.

Advantages - Just like any other medical specialty, the primary care psychiatrist should follow the patient through all services. PACT Staff, Inpatient Hospital Staff and Outpatient Clinic Staff can support the same primary care physician throughout the continuum of care. This would give all consumers equal access to all services, reduce confusion with consumer medical history, maintain ongoing consultations and would be a boost to consumer confidence.

6. Supplemental Security Income (SSI)

Current Problem – When consumers are treated as an inpatient for 30 days or more their benefit payments are suspended. Upon release from the Hospital the consumer is without income until a reapplication can be made and approved. This leaves the consumer without means to apply for housing or money for other living expenses or medications.

Review for improvement –

- a. The Department of Mental Health and Substance Abuse Services should become proactive in soliciting changes with the Social Security Administration to correct this injustice. DMHSAS should provide a single contact point for consumers as well as guardians and families of consumers for recommended referrals to alternate relief agencies and or assistance in gaining reinstatement of SSI benefits.
- b. Involve communities and agencies such as The United Way to establish a fund to provide temporary payments until SSI benefits can be restored.
- c. Use the existing case management at the Community Mental Health Clinics as a best practices model.

Advantages – Provide Consumers with the temporary resources to procure housing, medicines and other living expenses. Assure that consumers are discharged from the hospital with reinstated SSI benefits.

7. Staffing for Inpatient and Outpatient Care

Current Problem – Inability to recruit Professional Nurses. Inadequate professional and sub professional staffing levels. Low professional and sub professional staff morale and burnout.

Review for Improvement -

- a. Working conditions and competitive pay incentives and benefits.

- b. Relationships among treatment providers and consumers as well as families, guardians and caregivers of consumers.
- c. Training programs.
- d. Systems to assure continuous improvements in consumer care as well as staff effectiveness.
- e. Increased utilization of Psychiatric Advance Practice Nurses (APN).

Advantages – Adequate staffing levels have a direct positive impact on consumer care. Training programs can allow positive reinforcement of good practices. At the same time training can allow a break from the day to day routine of work. Better level of training with better morale means less staff turnover and better consumer care. Increasing the use of APNs results in better coverage and utilization of available mental healthcare providers and expands the capacity of a facility to treat larger numbers of consumers.

8. Clubhouses

Current Problem – Lack of availability. Currently there are two free standing, certified clubhouses in Oklahoma. These are Crossroads in Tulsa and Thunderbird in Norman. These are licensed by Fountainhouse Clubhouse in New York City and certified by the International Center for Clubhouse Development (ICCD). In addition some Community Mental Health Centers (CMHCs) have imbedded clubhouse functions that are accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF).

Review for Improvement –

- a. Involve communities in the establishment of certified clubhouses.
- b. The Department of Mental Health and Substance Abuse Services should become proactive in helping communities, not presently served, to establish new clubhouses.
- c. Work to establish new clubhouses using existing certified free standing clubhouses as a best practices model.
- d. Establish Medicaid regulations for clubhouse billing.

Advantages – Provides consumers with necessary contact with other people and productive activities. Clubhouses greatly enhance the likelihood of recovery success. Clubhouses are an integral partner and enhance the success of the Psychosocial Rehabilitation programs (PSRs) at the Community Mental Health Centers (CMHCs). Furthermore Clubhouses are configured to enlist support and involvement from the surrounding community.

9. Organizational Representative Payees

Current Problem – This applies to consumers that are not provided this service by a Community Mental Health Center (CMHC). Consumers commonly show poor judgment with money management. In addition predators often take advantage of the consumer’s inability to care for themselves and their property.

Review for improvement –

- a. The Department of Mental Health and Substance Abuse Services should become proactive in recruiting Organizational Representative Payees and should, working with Social Security assure the establishment of protective auditing measures. DMHSAS should provide a single contact point to consumers as well as guardians and families of consumers for recommended referrals of approved Representative Payees.
- b. Involve communities and agencies such as The United Way to establish licensed Organizational Representative Payees. Work with institutions such as banks, clubhouses, savings and loans, community mental health clinics and hospitals in this effort.
- c. Use the existing case management at the Community Mental Health Clinics as a best practices model.

Advantages – Provide Consumers with the necessary trustworthy support structure to help with money management. Prevent victimization of consumers.

10. Criminal Justice

Current Problem – Many nonviolent mentally ill offenders are incarcerated in our jails and prisons. Many county jails use medications for behavior control. Often this mistreatment occurs for many months, until the inmate is transferred to the Department of Corrections (DOC). Although the DOC is not funded to do so, it does make an effort to provide Mental Healthcare.

Review for improvement –

- a. The Department of Mental Health and Substance Abuse Services (DMHSAS) should be proactive in assisting local Counties to establish Mental Health Courts and necessary support services, staffing and facilities.
- b. DMHSAS should initiate and support changes to accommodate consumers who are offenders, non violent and deemed appropriate for moving to a treatment environment rather than a jail or prison setting.
- c. Fund the DOC for professional mental healthcare staff.
- d. Fund access to all generations of pharmaceuticals.

- e. Availability of Jail and Prison diversion / Day Reporting Programs, crisis intervention team (CIT) trained officers, safe housing and follow up outpatient care after discharge.

Advantages – Divert consumers to treatment instead of incarceration. Lower the number of consumers in our jails and prisons. Enhance the possibility of treatment and recovery. Lower the rate of repeat offenders.

Note: The Department of Corrections (DOC) and the various Sheriff's Departments is not the subject of this paper. However, there are presently several thousand mentally ill offenders being held in Oklahoma's prisons and jails. Oklahoma currently funds only the DMHSAS pathway for mental healthcare. If the parallel DOC pathway were funded incarcerated consumers would be given a chance for recovery and rehabilitation. We believe it is time for the DOC, the County Sheriffs and the DMHSAS to come together and address these needs for the State.